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LEADING ARTICLES

CRETINISM, JUVENILE AND ADULT MYXEDEMA; EXOPHTHALMIC AND SIMPLE GOITRE—THE IMPORTANCE OF MAKING AN EARLY DIFFERENTIAL DIAGNOSIS—OF EQUAL INTEREST TO THE PHYSICIAN AND SURGEON, AND OTHER SPECIALISTS—TREATMENT.*

H. E. JONES, M. D.

ROANOKE, VA.

These four diseases have their common source from the thryoid gland; therefore they are closely related, but do not resemble each other as is usually the case with twins, triplets or quadruplets, springing from the same parentage. There is as much difference in their appearance as if each possessed a different fate them—one white, one yellow, one black and one bronze. So it is encumbent upon us to separate and differentiate, them, one from another, and study them as a whole; for the reason that they are related by ties of consanguinity, in having one common parent; and also study them separately, for the reason (though springing from the same parent) continuing the analogy, that they are very different in appearance, life, history and behavior.

These diseases are important and interesting to us, both from a practical and scientific point of view. They are not only of interest and importance to us, but to their victims and victims' families. Therefore, I come before you with nothing particularly new in regard to them, but to make a few suggestions and give my experience and to have you gentlemen discuss them from every point of view, which will be of more value to you and to me than this paper.

With the absence of the thyroid, or nearly so, to total absence of function, when present, we have a condition known as infantile cretinism; with partial loss of function of the gland in children from 3 to 12 years, we have what is known as juvenile myxedema; when the disease appears in adult life, we have what is known as adult myxedema; with excessive function of the gland we have exophthalmic goitre; with simple enlargement, we have simple goitre.

The severity of the symptoms of these diseases depends upon the degree of disturbance of the natural physiological functions of the gland. The degree of these disturbed functions may be so slight, below or above normal, that it is often the case that the respective diseases are not diagnosed as such, but as some other minor functional disability of no supposed special significance. These are the types—mild—of these different diseases, that it is my desire to especially call your attention to, for the purpose and importance of making an early diagnosis, not only from each other, but from other diseases, functional or pathological, which they may simulate.

There is no difficulty in diagnosing the grosser and typical types of any of them; so I will not especially dwell on them. It is very important, indeed, to the victims of these diseases that they be recognized early, while in the mild stages; so that we can prevent the grosser typical types from developing by administering timely, rational, intelligent and appropriate treatment. These diseases are comparatively rare—juvenile and adult myxedema, and cretinism, more so than exophthalmic and simple goitre.

In a long medical career a physician may not see a case of myxedema or cretinism, or if he sees a mild case of either, owing to lack of observation and experience, may not recognize them. Simple and exophthalmic goitre are more often met with and a

* Read before the Roanoke Academy of Medicine. May, 1910, and before the Southwest Virginia Medical Society, at Wytheville, Va., Juue 28-20, 1910. Reprinted from the Virginia Medical Semi-Monthly, July 22, 1910.

close observer will not have any difficulty in making a diagnosis in the moderately mild and severe types. In the early stages when all of the symptoms are not clear cut, the diagnosis is difficult, indeed.

Cretinism and myxedema are analogous in that they are due to the same cause—that is, to a complete or partial loss of the function of the gland—the difference in the two depending upon the degree of loss of the function of the thyroid and the age at which it occurs; in fact, cretinism is considered one of the clinical types of myxedema. The former (cretinism) is confined to infant life. When there is a congenital absence of the gland the infant survives only a few days, weeks or months; when the gland is present and is partially developed, or a normal gland becomes atrophied with almost no function, but still enough for life to continue, the child may survive for several years, but is abnormal.

Growth and mental development are checked; skin is dry and hard, hair thin, face gross and bloated, features distorted, nose flat and thick, eyes puffed, complexion, pale, sallow or waxy, limbs short and thick, and undeveloped, muscular weakness and inco-ordination; owing to deficient mental development there are various types of idiocy and imbecility.

There are cases of normal children, who have reached anywhere from 3 to 12 years who develop the disease after an attack of an acute infectious or contagious disease, causing atrophy and partial loss of function of the thyroid, giving rise to juvenile myxedema. Development is then checked, the appearance gradually becomes cretinoid and if life continues, idiots, imbeciles and dwarfs are developed.

The subjects may reach adult age, but retain in a slight degree the appearance of infancy. In the female the mamma and genitalia remain infantile; in the male the genitalia do not develop, the voice is fine and high pitched, resembling the female voice, face resembles an old woman's—has no beard.

The cases that do not become dwarfs, idiots or imbeciles, develop into that striking and peculiar type of men we sometimes see, whose height is medium to tall, hips broad with large lower limbs, shoulders narrow; head, face and voice of feminine type, genitals partially developed, or may be infantile—no beard. I have seen such types and examined several.

In juvenile myxedema—i. e., in all ages above 3 and under 12 years—we have presented, not only defective development, but all of the symptoms of Gull's diseases, myxedema of adults, which as observed by me in three or four cases is as follows: Broad, coarse features, large mouth, flat nose, blank facial expression, face broad, moon-shaped, skin inelastic, thick, pale dry and rough; hard firm subcutaneous fat. Increased bulk of whole body having a bloated appearance "resembling Bright's disease but does not pit on pressure."

There is inco-ordination defective cerebration, slow muscular action, headache, irritability, suspiciousness, forgetfulness; absent minded to the point of arrested cerebration, with occasional delusions and hallucinations and occasional mania. Gait is slow and heavy. These cases every few weeks have exacerbations of symptoms giving rise to what the family call "spells" and develop a train of symptoms similar to petit-mal or epilepsy, with spasms, tetanoid contractions apathy and partial coma.

These symptoms, in cases, not observed closely are apt to lead one to make a diagnosis of petit-mal or epilepsy, neurasthenia, hysteria or some other such disease. Such a mistake is a grave one indeed.

In the last few months I have been called several times, in emergency, to see a case that gives a history, symptoms and appearance as described above. To my mind this case has not been correctly diagnosed. The diagnosis by the physician is epilepsy, and he has treated it for that disease and not for juvenile myxedema. I do not make this statement, intending it to be derogatory—far from it. I have great respect for his ability. I have in the past made a similar mistake in the case of a boy. I did not make a diagnosis of epilepsy, as his symptoms did not become as severe as that. For a long time I did not know positively what the trouble was, but I believe I know what it is at present; the boy is showing the good effects of proper treatment. I mention this to show how easily and often we may make a mistake, to the great detriment of patient in trying to, but not making a correct diagnosis in these cases; and to put us on our guard and make us more careful and painstaking in getting history, observing all the symptoms and making more thorough physical examinations, for the one single purpose of making a correct diagnosis, so that they can receive proper treatment in time to prevent the terrible consequences of the disease.

Some of these mild cases have fair intelligence and are capable of receiving a primary education. They are fairly active and bright most of the time; with a few—ex-

cept for a period of from one to three days —every few weeks or months they will have exacerbation of symptoms, when most of the grosser symptoms will appear as described above.

I believe there are many mild cases of this disease existing in this community that have not been recognized by parents or physicians. All fat, nervous, backward, inactive, peculiar looking children should be closely watched and thoroughly examined by the family physician from time to time and, if a positive diagnosis cannot be made in a suspected case, they should be treated with thyroids for a few months. If improvement takes place, and the child rapidly approaches the normal condition we can then be certain of a positive diagnosis and will be able to protect and treat the cases as they should be.

In all the diseases resulting from diseases of the thyroid there is one symptom common to all of them—possibly except simple goitre—viz., disturbed and abnormal metabolism. In cretinism, juvenile and adult myxedema, the action and function of all of the cells and organs of the body are retarded for lack of the normal stimulation—the degree of disturbance and injury to the organism depending upon the amount of the diminished secretion of the gland, and the severity of the type of the disease. In exophthalmic goitre the condition presented is just the opposite; the action and function of all the cells and organs of the body are accelerated by over-stimulation until they are above normal. The degree of disturbance and injury to the organism depend upon the amount of the excess of secretion of the gland, and the severity of the type of the disease. In the first named condition there is deficient and scanty secretion of the gland (hypothyroidism); in the second, excessive secretion (hyperthyroidism.) In exophthalmic goitre the gland may, or may not, be enlarged. In the early mild cases all of the gross appearing symptoms are not present; if present, they may be so slight as to be overlooked. As observed clinically and from the text, the most marked symptoms of exophthalmic goitre are activity and excitability of the nervous system, slight perspiration, blushing, emaciation of practically all of the tissues, restlessness and tremor, rapid pulse and respiration; occasionally fainting and dyspnea, nausea, vomiting and diarrhea, throbbing of arteries, eyes prominent (late symptom), slight fever, anemia, vasomotor disturbance, pigmentation of skin, urticaria and pruritus; occasionally bronchitis and slight edema of bronchi, bronchioles and possibly of lungs. Occasionally there are mental depression and irritability, muscular weakness and inco-ordination. A few cases recover.

Simple goitre is due to one of four causes —first, development of new gland tissue; second, increase growth of connective tissue and the development of follicles, filling up of new and old follicles with colloid (jelly-like) material; third, dilatation of blood vessels and congestion; and, fourth, cystic degeneration and enlargement.

A simple goitre causes, as a rule, no trouble, but is of interest on account of its disfigurement and pressure symptoms, which it may produce with increased growth and also on account of its function, which may become disturbed in such a manner as to produce in children either cretinism, juvenile myxedema and possibly exopthalmic goitre; in adults it may produce either myxedema or exophthalmic goitre—the condition depending upon the character of the histologic degenerative changes of the gland.

The differential diagnosis in the diseases of the thyroid from each other and from other diseases which they may resemble, is not difficult in "good illustrated" and typical cases. The milder forms are more difficult to diagnose. They may be due to transient functional inactivity or activity, or to continued functional inactivity or activity. These different functions of the gland producing in the one case periodical or intermittent types of mild and of moderately severe degree, with scarcely any disturbance of the system, during the intermission, that cannot be easily detected, unless studied closely during the exacerbation of symptoms.

The second case, producing continued types of moderately mild and severe degree, with considerable disturbance in the moderate, and marked disturbance in the severe cases, can be easily detected by any careful observer, and at any time.

The type of cases as described gives rise, first, to individuals in whom the disease has caused very little abnormality, either in the mental status or physical developmen. In the class of cases there are types of different degree, which may shade into the severer types, which may become permanent, and moderately or markedly severe which will gradually produce in the victims considerable abnormality as time advances.

In the second class of cases the severe and marked type gives rise to individuals, in whom the disease has caused marked abnormality, in both mental and physical development. It is in this type of cases that

we have the various type of idiocy and imbecility and the varying types of physical development—from dwarfs up to individuals varying in height from medium to tall, but still possessing some of the physical deficiencies of infancy.

Cretinism and juvenile myxedema are to be differentiated from rickets, rachitic and syphilitic idiots, imbeciles, and petit-mal, epilepsy, hysteria, neurasthenia, etc., that may arise from other causes; also from lymphatic disease scrofula, tubercular hereditary tendency, all of which may predispose to cretinism and juvenile myxedema.

Myxedema of adults is to be differentiated from various functional and pathological disabilities, and nervous diseases of brain and cord, which some of the symptoms resemble; also from various types of insanity and Bright's disease, late syphilis (lues), lymphatic disease, tuberculous and scrofulous tendencies. It is highly important that an early diagnosis be made in every case if we desire to prevent the terrible consequences of the disease to the victims.

Exophthalmic goitre is easily distinguished from the other diseases of the thyroid; but in the early stages the disease may be overlooked entirely and diagnosed as some other disease, or diseases, that affect either the digestive, nervous or circulatory systems and possibly obscure tuberculosis. Goitrous diseases are more frequently found in those of tubercular hereditary tendency; in fact, this condition predisposes to goitre.

The general practitioner often slips upon a diagnosis, and no doubt the same is true of the different specialists. The stomach specialist is just as apt to treat the gastro-intestinal disorders, arising from thyroid disease, with as much enthusiasm and persistence as he will the reflex gastro-intestinal disorders arising from appendicitis, cholecystitis, gastric ulcer and degenerative diseases of the cord. The nerve specialist is apt to treat some of the nervous symptoms, for a time, fails to make a diagnosis and cure, then refers the case to some other specialist to get rid of it.

The surgeon may refer them to his interne, to exhaust his laboratory and physical diagnostic skill on, or to some specialist his fancy may select. The eye and ear specialist will fit glasses and treat symptoms until he is tired of the cases, fails to diagnose the true condition which has given rise to all the trouble. The gynecologist is apt to dilate, curette, and stimulate local development of the genitalia with electricity; when he fails to make a diagnosis and cure, he will refer the case to some one his fancy may select.

I know a case at present that is being treated locally to bring about development and menstruation. The physician has not the least idea of her true condition, which is the cause of her physical deficiency. He had as well try to make a 5-year-old child menstruate by dilatation, electrical stimulation of the uterus and ovaries, for the development in this case is no farther advanced than it is in a 5-year-old.

This girl is in her 18th year, 4 feet 6 inches tall, weight 62 pounds; no development of mamma nor genitals. She has all the symptoms of juvenile myxedema; her mental and physical developments are those of a child. If she had received a few years back proper treatment her present sad state would have been avoided. She is a good illustration of the results of the fearful mistake of not making an early diagnosis in her case; and of the importance to her and family of an early diagnosis being made so that she could have received proper treatment in the first stages of the disease; with such treatment she would have developed normally and her life would have been bright and hopeful. Her sister informed me that she had been treated by several physicians during her life and that none of them, so far as she or the family knew, recognized the trouble with the child. She has not received long and continued treatment from any of them.

Treatment.—The text-books tell us that "our art has made no more brilliant advance than in the cure of these disorders, due to disturbed function of the thyroid gland; that we can today rescue children otherwise doomed to helpless idiocy; that we can restore to life the hopeless victims of myxedema, is a triumph of experimental medicine" not surpassed by any other.

We all know from the text, and probably from experience, what the specific remedy for cretinism and myxedema is. It is the thryoid gland of the sheep, any preparation of it; the desiccated preparation is then employed more frequently at present. It is specific in its effects and efficacious in most all, if not all, the cases of cretinism, juvenile and adult myxedema. With most of the cases there are no disagreeable effects. In some cases the effects are unpleasant and full doses will produce a condition similar or analogous to that of exophthalmic goiter. In these cases it is best to get at a suitable amount of the drug by trial, commencing with small doses and gradually increasing it until there are some perceptible effects, but no unpleasant effects. "The

results, as a rule, are the most astounding—unparalleled by anything in the whole range of curative measures—within six weeks a poor, feeble-minded, toad-like caricature of humanity may be restored to mental and bodily health."

If so much can be done for these unfortunates in so short a time by the use of this remedy is it not a terrible mistake on the part of the physician not to make a diagnosis, thereby preventing the victims from getting the benefit of early treatment? How fortunate for them if the diagnosis is made early; if so, their immediate and future sad state will be prevented, relieving them of much suffering and their families of needless expense and sad distress.

Let us in the future be more careful and not make an erroneous diagnosis of these diseases—nor of any other diseases, as to that matter, if it is possible with the means and help at hand to prevent it—in all cases that may come under our professional care.

Some of us have observed from the use of thyroid that all the symptoms rapidly improve in cretinism and juvenile and adult myxedema. The excessive unnatural fat reduces rapidly, ten to thirty pounds in a few weeks or months; skin becomes natural, moist and thin, instead of dry, harsh and thick; perspiration is natural; urine increases; pulse rate quickens; temperature rises to normal instead of sub-normal; lassitude, apathy and defective cerebration disappear; the patient's whole appearance is changed for the better; the eye becomes bright and the expression more intelligent. Instead of lassitude, apathy and slow mentality, we have energy, activity and physical and mental alertness. The patient becomes happy and hopeful, the family is delighted and will sing your praise for making a diagnosis, and giving the proper treatment with such happy results.

In cretinism the thyroid treatment will have to be kept up as long as the patient lives. In juvenile and adult myxedema full doses must be continued until cure is complete, when the remedy can be withdrawn or small doses continued indefinitely to prevent relapse and to retain natural metabolism. In these diseases it is necessary to carry out proper dietetic and hygienic measures, as well as symptomatic treatment until specific medication alleviates the symptoms or effects a cure.

In the treatment of exophthalmic goitre the medical remedies are uncertain as to cure, but are of some benefit in controlling disagreeable symptoms. Digitalis to regulate the heart, ergot to contract the vessels and equalize the circulation and lessen the blood supply to the glands; iron to control anemia, atropine internally and locally to diminish the thyroid secretion; small doses of calomel for elimination by bowels and kidneys.. Rest in bed is beneficial to the nervous system and controls rapid heart action.

I have had no experience with electricity. One case was referred for X-ray treatment; it was not benefited; since successfully operated on and is now well, though I am told that parenchymatous enlargement is benefited by it. Cystic and colloidal goitres are not benefited. Thyroid is contraindicated; codein, bromides and trional, are of benefit in controlling nervousness, tremor and wakefulness.

A few cases recover with medical treatment, require a long time; a few days ago I lost a case—serum and medical treatment failed. I had a case that I treated five or six years and a former physician treated for as long a period; she recovered. I advised operation, but she refused. In these cases as soon as I am certain of the diagnosis I advise an early operation; most of them refuse and suffer for months or years a disagreeable invalidism.

From surgical literature, the greatest relief is found in radical surgical interference at an early date. Excepting one case, which is being treated with it at present, I have had no experience with anti-thyroid serum. From recent literature its value is still in doubt. Simple goitre should be treated for a period medicinally and with massage and X-ray; if there is no reduction in size, and disfigurement and pressure symptoms are urgent, and degenerative changes result in either beginning myxedema or exophthalmic goitre, surgical intervention should be advised and insisted upon.

In the last six months I have treated four cases of simple goitre; one case not benefited. Referred for X-ray treatment; no benefit. Operation recommended; since writing this successfully operated upon. The other three cases have been greatly benefited; in one case neck was reduced from 17½ to 14½ inches; one reduced from the size of a small cocoanut to less than the size of a hen's egg; one reduced from the size of a coffee cup to apparently the normal size. In these three cases all disagreeable symptoms have disappeared. In these cases I used, locally, iodide of mercury, five grains to the ounce of lard, applied once or twice a day, until considerable irritation was produced, when it would be dispensed with for a few days and then resumed as soon as irritation disappeared.

This treatment was continued for several months. I also used a portion of the time the corrosive chloride in small doses to correct abnormal metabolism, occasionally leaving off with it and using Donovan's solution and syrup of iodide of iron as tonic, alterative and absorbent. I think these preparations are more effectual in goitre than iodide of potassium or sodium; the treatment was continued for several months. In addition to the reduction of the gland and alleviation of symptoms, all of the cases improved in general health and weight. One case gained twenty-four pounds in four months.

Notwithstanding "our long hours of routine work and fatigue that reaches down into the depths of being, the slow strain of life itself, the spreading sadness of which may envelop the years, like summer mists the hills"—I hope in spite of this fatigue we will exert our energy and make ourselves in the future fit and capable to serve humanity, many of whom will turn to us as "messengers of cheer" and relief, or as some "comforter or bright evangel" to relieve their physical and mental ill. If we are prepared and can do this, it will be a satisfaction to us that will "ease the loneliness of the passing days" and assuage the "brooding over the universal sadness" and distress of mankind and make us appreciate the value and charm of life, at least on a few of its bright sides, which we so seldom see.

Though the text-book literature on these diseases is deficient, especially in the description of the early and mild stages, as was brought out above, it is necessary for us to study them clinically and thoroughly master the text-book literature, and be so familiar with them that we may at all times have them in mind and be on the lookout for their presence in the incipient as well as in the mild and last stages, in both children and adults. Diagnosis is the important feature; the treatment is fixed and easily applied by the novice—when the diseases are known. Especially is this the case in cretinism and juvenile and adult myxdema. Simple and exophthalmic goitre require the attention of the skilled physician and surgeon.

213 South Jefferson Street.

If in abdominal tumor the left supraclavicular gland is swollen, it is malignant.

Abdominal tumors that can be indented and changed in position and form, are due to feces.

A CRUX MEDICORUM.

T. G. STEPHENS, M. D.

SIDNEY, IOWA

John B. Saxe reminds us that we are growing old and love to talk of olden times. A few decades ago in an adjoining State in the month of August I was summoned in haste to visit a negro man 35 years old whom I found sitting by a small window in his cabin clothed in a strait waist-coat, his feet pinioned to the floor and several negro men guarding him, as he was greatly feared, his eyes were much congested and two or three times an hour he would protrude his tongue with great velocity or rapidity, looking snaky, then snap and attempt to jump at every moving object. These delirious attacks continued for some days, and would occur three or four times in course of twenty-four hours, then he would appear all right until the next August. In the height of one of these attacks when his attendants were lightly off their guard he succeeded in reaching a log at the bottom of his window and bit it with sufficient force to leave the impress of his teeth. When offered water would refuse to drink it, but would always drink whiskey when quiet. These delirious attacks were cyclical and had returned every August since he was bitten by a rattlesnake, crotulus horribus, ten years before. From that time to the present I have neither heard nor seen the patient. A number of doctors witnessed the case, but it was a puzzle to all. Dr. H. Hill, an alienist of Des Moines, Iowa, writes me thus: "I would say that the delirium which the patient suffered with in the summer time every year was due to the virus which lingered in his blood, thus causing in hot weather toxic delirium, which is not genuine insanity, but a flighty frame of mind caused by poison in the blood circulating through the brain, which is the organ of the mind and which delirium is relieved by eliminating the poison from the blood and by being relieved of the high temperature during the month of August which had an unfavorable effect upon the health and upon the brain of the sufferer."

Sore Nipples.—These may be painted with a 4 per cent solution of silver nitrate, or an ointment having the following composition may be applied:

Bals. peruvianae.....3j
Ungt. aquae rosae.....
Lanolini.....aa 3ss
—Med. Record.

THE MEDICAL FORTNIGHTLY

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THOMAS A. HOPKINS, M. D, Editor

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Editorial Rooms, Suite 319-320 Century Building, St Louis, Mo.

EDITORIAL

Sodium Benzoate Again.

We have several times expressed our opinion on the preservative proposition, in so far as it concerns sodium benzoate, and of the blind way in which the organized profession is being railroaded into its condemnation without even giving the courtesy of a hearing to men of international repute and unquestioned honesty who have made quite as searching investigation of this agent as those conducted by Dr. Wiley and who have utterly failed to find in it the menace which he has pictured it to be. We ourselevs do not pretend to opinions of our own which should carry weight in the matter of food preservation, but we can read with unbaised mind; and we have knowledge of benzoate of soda consequent to a considerable use of it in practice; we have given it in large doses and for considerable periods and we have nothing but good to say of it; if the small quantities which could be ingested in food are dangerous our patients should be dead. A few days since we received a reprinted article from Prof. Christian Herter, who occupies the chair of Pharmacology in Columbia University, and who is also a physician of experience and splendid repute, this article gives the "other side" and is published by him at his own expense, after having been submitted to the Journal of the A. M. A. and declined for reasons too puerile to be the one real reason. The article was said to be too lengthy when it is in fact not long; it was said to be controversial, and consequently unwelcome, when we all know that the other side has had the constant support of the Journal. Then Dr. Herter criticises Bulletin No. 84, which, it appears to us, is open to criticism. The medical profession is not supposed to come to conclusions on one-sided testimony, and if it has done so it wants to know it and it will speedily and gracefully reverse itself if there is occasion. The American Association, the State associations and the lesser bodies appear to be making a mistake in rushing in with approval if there is a legitimate "other side" which they have not heard and will not hear. And no one would for a moment suggest that Prof. Herter would have any thing but legitimate argument to present. The Journal seems to have taken an un-American and unscientific attitude in this matter, but its attitude is also that of the A. M. A., the Missouri State Association and numerous other bodies. And we expect that the position taken is going to stand no-matter-who to the contrary notwithstanding.

What Constitutes Disease?

This question often occurs to physicians, especially since there has been so marked an accentuation of laboratory methods in our department of diagnosis. How far are we to depend on the very evident symptoms and signs in determining disease and how much shall we make them second to microscopic findings? A case to the point comes to us at the time of writing: A man dies from hydrophobia; a history of the bite of a supposedly rabid dog, subsequent administration of the Pasteur treatment in approved form, a considerable fear and much reading on the subject of rabies on the part of the patient, and a final development of the symptoms of hydrophobia which ended in death. Did the patient die of hydrophobia? Or of fear of hydrophobia? And can the fear of the disease cause all its symptoms and carry them through to a fatal termination. Are we to believe that imagination brought about this result should the microscope fail to determine its presence? If we are it is but a step from this to the doing away with a large part of the medical curriculum, for why should we educate the eye, the ear and the rest of the senses, so that they will detect and weigh the symptoms of disease with a tremendous nicety, if all their findings are to be put as nothing in comparison with the post-mortem findings with the microscope. Under such conditions we will have to change even the definitions of diseases. If we allow that the imagination caused death in this case it is but a step to accepting the unreality of things in other connections and even going to the limit of accepting the belief that it is a belief in disease which is a disease, and where does this lead us?

We have great faith in the laboratory, especially great in it as it is now being conducted; but we have greater faith in

self-evident facts. A thousand and one things may intervene to nullify the reliability of a microscopic finding, and the last man to believe such a thing possible is the laboratory enthusiast himself. To the rest of us carefully determined symptoms still carry weight and mean disease; we may wish, we should insist on the confirmation of laboratory methods, but the failure to get them does not of necessity mean that we have been utterly deceived in our own work. We have in mind a case of tuberculosis of the bladder in which specimens were examined four times with negative result; the case was so convincing to the surgeon in charge that still another examination was insisted on and a new stain used by the pathologist with a startling result, tubercle bacilli were so numerous as to excite the surprise of all who saw the specimen. Now suppose we had been content with the first, or the second, or the third, or the fourth examination? Each was made by a man of tremendous repute and why should we not have been? The last was made by the same expert who made the two just previous and, had not the clinical picture been so decisive, it is probable that we would be still making examinations to confirm or nullify it,. It was really the clinical evidence which made the diagnosis and we had hard work making the microscopical evidence confirm it, but this was finally accomplished.

We are not decrying the usefulness of the microscope, nor of the laboratory. What we are really after is that physicians shall not set these useful methods upon such a pedestal that they will have no confidence in any other means to the end desired. The tactus eruditus is just as much in demand as it was twenty years ago; the eye that will see, the ear that will hear, the sense of smell, none of these can be replaced by any laboratory device except at a loss of ability to the profession at large. And we believe that this would also mean detriment to patients.

Dr. and Mrs. S. Grover Burnett, of Kansas City, are in Atlantic City where they will remain until September.

Dr. Thos. A. Hopkins is spending his vacation in Ashtabula, Ohio, his old home, and later will join a family party for a trip up the lakes.

Dr. George Gellhorn, of St. Louis, will deliver the Oration in Surgery at the meeting of the Medical Society of the Missouri Valley, Council Bluffs, Iowa, September 1 and 2.

REPORT OF THE COMMITTEE OF THE AMERICAN GYNECOLOGICAL SOCIETY ON THE PRESENT STATUS OF OBSTETRICAL EDUCATION IN EUROPE AND AMERICA AND ON RECOMMENDATIONS FOR THE IMPROVEMENT OF OBSTETRICAL TEACHING IN AMERICA.

President of the American Gynecological Society and Fellows:

Your committee has received reports from Great Britain, Germany, Austria, Switzerland, France and Italy. In contrast with the present systems in those countries, a report is submitted from seven representative medical schools in the United States, which may be fairly classed among the best medical schools in this country.

GREAT BRITAIN.

A course of lectures, thirty to forty or more each year, is given in obstetrics in all London schools. It usually extends over two years and lectures on gynecology are given at many schools in addition to those in obstetrics. You will find details as to hours in the British Medical Journal for September 4, 1909.

The work in obstetrics consists of the above lectures, clinical teaching in obstetrical wards (most of the general hospitals now have beds for this, numbering from eight to twelve). A class of practical obstetrics, demonstrations in the museum, personal attendance on about fifty cases the number varying with the different hospitals. Each student must attend twenty cases and in addition each university student (Oxford and Cambridge) must have previously attended cases in the lying-in wards for at least one month.

The teachers of obstetrics also teach diseases of women and their surgical treatment; they are the only teachers who do teach this subject in the medical schools for men students.

(Signed) Herbert Spencer.

GERMANY.

I have arranged the instruction in obstetrics and gynecology in the University of Konigsberg as follows:

Sixth Semester: Theoretic obstetrics.

Seventh Semester: Obstetrical-Gynecological clinic (as spectator); a course in gynecological diagnosis. A course in examinations of pregnant women.

Eighth Semester: Obstetrical-Gynecological clinic (as practitioner). A course on obstetrical operations on the mannikin.

Ninth Semester: Obstetrical Gynecological clinic (as practitioner). A course in mi-

croscopical diagnosis. A practical course in minor gynecological therapeutics. The physiology and pathology of the new-born infant.

Tenth Semester: Obsetrical-Gynecological clinic. Course in obstetrical operations. Course in cystoscopy. Physiology and pathology of the puerperium. A demonstration, weekly, for nine weeks of pathological anatomy (with the epidiascope, microscope, etc.).

Each student in the tenth semester must live a month in the clinic where he observes and conducts about 40 labors and performs the minor operations.

(Signed) Professor Winter.

AUSTRIA.

Of the five years course, the student must occupy himself during one year with obstetrics and gynecology. During this time, he is obliged to attend the lectures ten hours a week. During this time also he must have his practical training in which he has the opportunity to see a large number of labors and to perform minor operations, such as perineal lacerations, episeotomy, manual extractions, etc.

There is mannikin practice in the obstetrical operations.

In addition, he receives practical training in the examination of pregnant women, and gynecological patients. The examination consists of diagnosis in parturient and pregnant women and in gynecological patients and operations performed upon the mannikin.

Heinrich Peham,
University Professor of Obstetric and Gynecology, Vienna.

SWITZERLAND.

1. During the customary ten semester medical course, three to four semesters are devoted to obstetrics and gynecology. Three semesters are obligatory.

2. During this time, the students visit the Obstetrical-Gynecological Clinic and Polyclinic where opportunity is afforded them to observe gynecological cases, to examine pregnant women and thus to acquire the necessary technical skill.

In addition, a certain proportion of the students attend the theoretical lectures on obstetrics and gynecology, which are not obligatory.

The obstetrical operations are practiced upon the mannikin and in addition the students occasionally have the opportunity to perform these operations upon the living patient under the supervision of an instructor.

In the final examination, there is required:

1. Practical demonstration of sufficient knowledge in the examination of pregnant and parturient women and of gynecological patients.

2. The performance of several obstetrical operations on the mannikin.

3. A theoretical oral examination on obstetrics and gynecology.

Th. Wyuder,
Director of the University Frauenklinik, Zurich.

FRANCE.

In answer to your letter of November 26th, I went to see Professor Lannelonge, one of the leading surgeons here, also a member of the "Institute" of France and senator. The following is a translation of the answers he dictated to me after reading the questions of your letter:

"Two terms of six months each are devoted to the study of midwifery and obstetrics. The students of the two clinical departments are inscribed turn about night and day to make a stage in the hospital wards and follow the labor hour by hour till period of delivery. During a term they can follow about fifteen cases or more if they wish to do so.

The scope of the course in obstetrics includes not only delivery proper, but also all the medical or surgical treatment of women's diseases such as for example, fibromes, diseases of the ovaries, of the large ligaments, etc.

In France the courses are no more given in a theoretical way, but are principally practical demonstrations either in the lecture rooms or in the hospitals (woman's wards). All apparatus or instruments for demonstration are used, mannikin work, ward work, polyclinic service, touch courses, etc.

In one word, the teaching is very complete and great stress is laid on the assiduity of candidates. One can say that after their two terms of practically a year's duration, the students are quite qualified to undertake any kind of delivery and have a sufficient knowledge of women's diseases from a practical view as from a scientific one. This study being far from neglected."

ITALY.

In Italy there are schools for obstetrics and gynecology for physicians annexed to all the universities. Equally in all the universities are annexed schools for midwives. In Florence there is the Superior Institute for obstetricians and physicians.

The course of obstetrics is of one year for the physicians (the full university course

tor physicians is six years) and the course of obstetrics is by rule assigned at the sixth year. For midwives the course is of two years.

The character of teaching is theoretic and experimental (clinic) and comprises also the assistance of women in labor made by the teachers or by their assistants.

The course includes also diseases of women and their operative treatment, as well as the physiology and pathology of the child-bearing process.

The theoretical instruction is given three times a week for the students in medicine, while it is daily for the midwives. The clinic practice is daily for everybody.

The sudents in medicine and the midwives cannot perform any operation before the end of their course of studies. The examination is only theoretic.

COLUMBIA UNIVERSITY, COLLEGE OF PHYSICIANS AND SURGEONS, MEDICAL DEPARTMENT.

Course in Obstetrics

Second Year.—Recitations and demonstrations (once a week for 30 weeks,) 30 hours.

Third Year (First half) Didactic lectures (twice a week for one-half year), 30 hours. Clinical lectures (once a week for one-half year, 15 hours.

Fourth Year.—Practical instruction in hospital and tenements.

(a) Three weeks service in hospital; two weeks being spent on day duty and one week on night duty. During this term of service each student receives daily bedside instruction and makes antepartum examinations both abdominal and vaginal on from 50 to 60 pregnant women. Moreover the students on duty receive a daily clinical lecture and mannikin instruction from an in obstructor in obstetrics who is the resident obstetrician.

(b) Two weeks service in the tenements; one week being spent on day duty and one week on night duty.

Each student during his five weeks of practical service delivers personally on an average seven or eight cases and sees from forty to fifty deliveries.

Course in Gynecology.

Third Year.—First half: Recitations once a week for 15 weeks, 15 hours.

Second Half.—Didactic lectures twice a week for 15 weeks, 30 hours. Clinical lectures once a week for 15 weeks, 15 hours.

Fourth Year.—Practical instruction in small sections in dispensary and hospital, 26 hours for each student, 26 hours.

(Signed) E. B. Cragin.

CORNELL UNIVERSITY MEDICAL COLLEGE, NEW YORK CITY.

Plan of Instructions in Gynecology, January, 1910.

Second Year.—Recitations, 32 hours.

Third Year—Section and mannikin work, 16 hours; clinics, 16 hours; illustrative lectures, 32 hours; Recitations, 32 hours. —Total 96 hours.

Fourth Year.—Clinics, 16 hours. Total, 144 hours.

In addition students are required to reside for at least two weeks in the Manhattan Maternity or other hospital and personally confine at least six women.

J. Clifton Edgar.

HARVARD MEDICAL SCHOOL, MEDICAL DEPARTMENT OF HARVAR-UNIVERSITY.

Department of Obstetrics and Gynecology.

A. Course in Obstetrics.

Third Year—Lectures on the theory and practice of obstetrics twice a week, 64 hours. Recitations, once a week, 32 hours.

Conferences, once a week, 32 hours.

Clinical Instruction.—Each student spends two weeks in hospital residence, devoting his whole time, day and night, to his obstetric opportunities. He sees operations and normal deliveries and under supervision and instruction he personally attends from six to ten out-patient cases. After his two weeks of residence he is required to devote a part of his time for a week or more to completing the visits on his patients and writing reports of his cases.

Fourth Year.—(In the Harvard Medical School the work of the fourth year is elective; but all students intending to practice medicine elect obstetrics.).

The class work in sections of from six to ten, and each student in obstetrics devotes his entire time for a month. For two weeks he is in hospital residence, and attends from six to ten out-patients, under supervision and instruction. After his period of residence, he completes the visits of convalescence and reports on his cases. There is a clinical lecture and ward visit every forenoon (except Sunday), at which the student has opportunity for antepartum examinations (inspection, palpation, auscultation, pelvimetry, and estimates of size of fetus, for witnessing normal and operative deliveries, for studying puerperal convalescence and the care of young infants. Each student has also a course of instruction, with manikin and fetal cadaver, in which the various obstetric operations are demonstrated and repeated by the student. Each

student also writes a thesis on an approved subject of his choice.

(Many of the Harvard students make use of the opportunities afforded by the summer courses of the Harvard Medical School, and thus increase their clinical training. In addition to the many cases witnessed, the graduates of 1909 attended personally an average of 23 cases.)

B. Course in Gynecology.

Third Year, second half.—Lectures or recitations, twice a week, 32 hours. Clinical exercises in small sections. Each student attends six clinics, lasting from one and one-half to two hours. In these clinics the student is instructed in physical examination, diagnosis, and the treatment of ambulatory cases.

Fourth Year (elective, taken by a large part of the class). Instruction is given in sections of from six to ten students, and each student devotes his entire time during the forenoons of two months. The work is clinical, and is given in the wards and out-patient department of the Boston City Hospital. Opportunity is afforded for practice in history taking, examination, diagnosis, and minor treatment in the out-patient department. In the house service the student hears clinical lectures daily, has opportunity for physical examinations, and witnesses operations with demonstration; he follows the convalescence of cases, and each in turn assists in the work of the resident staff. Each student also has abundant opportunity for the study, under supervision, of pathological specimens removed in his presence by operation, and each student writes a thesis on an approved subject of his choice. (Signed) C. M. Green.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Course in Obstetrics.

The anatomy and physiology of reproduction fully taught by the departments of anatomy and physiology in the first two years. Embryology and histology are included in this teaching.

Third Year.—Three didactic lectures and recitations weekly, 90 hours.

Demonstration with the manikin and diagnosis, obstetric manipulations and vaginal deliveries, 18 hours.

At least one case of spontaneous parturition in hospital, fully demonstrated by an instructor.

Fourth Year.—Lectures to the entire class, one weekly, 30 hours.

Hospital ward classes with the examination of pregnant patients, the study of complications of pregnancy the puerperal period, normal infancy and complications, 16 hours.

Clinical conferences in hospital with study of cases, 24 hours.

Demonstrations of hospital cases by instructors to small groups of students, 16 hours.

From two to six cases delivered in tenements and under supervision and instruction.

Written reports of these cases with quizzes upon the reports by a demonstrator.

Record of all work done during the senior year, which record with final examination constitutes final grade for securing a degree. E. P. Davis.

JOHNS HOPKINS UNIVERSITY, BALTIMORE.

Courses in Obstetrics.

Third Year, obligatory course.—Recitations and demonstrations twice weekly for 3 weeks, 66 hours.

Manikin work once a week for 33 weeks, 33 hours.

Ward rounds and clinics in groups, once a week for 16 weeks, 16 hours.

Examination of pregnant patients in groups once a week for 16 weeks, 16 hours, total 132 hours.

Obligatory attendance of at least five cases of labor under supervision in the ward.

Optional work and courses in obstetrical histology and pathology, two hours a week for 11 weeks, 22 hours.

Fourth Year, elective work.—Repeated every eleven weeks to not more than ten students each time. Each course occupies 99 hours, not including obligatory attendance on at least ten cases of labor in the out-patient department and attendance at as many operations in the ward as feasible. The course consists of Ward rounds, 11 hours. Conferences, 11 hours. Discharge examination of puerperal women, 11 hours. A practical course in pelvimetry, 11 hours. A laboratory course in infant feeding, 11 hours. Nursery rounds, 11 hours. A practical and laboratory course on the toxemias of pregnancy, 22 hours. A course in comparative placentation, 11 hours.

I might add that many of the students in these groups see from 25 to 40 out-door deliveries. In each case they are accompanied by an assistant and a trained nurse, and I find that such training is even more valuable than the ward deliveries. They also make visits for the first five, the seventh and tenth days of the puerperium in normal cases and as many visits as may be necessary in abnormal cases.

These visits are checked in two ways, first, by having the student leave a daily written report in the letter box of the resident obstetrician, and secondly, by having the nurse, who makes daily visits for ten days render a similar report.

J. W. Williams.

UNIVERSITY OF CHICAGO.

The subjects of obstetrics and gynecology are taught in the junior and senior years in laboratory, recitation, and conference courses, in dispensary and hospital clinics, and in the conduct of labor in the homes of patients. Students are obliged to commence their studies by taking the laboratory and recitation courses. Final examinations in both courses are compulsory.

Obstetrics.

1. Conference course on normal pregnancy, labor and the peurperium. A lecture and recitation course. Each section limited to forty students.

2. Clinical conference on normal pregnancy, labor and the puerperium. Prerequisite: course 1. Limited to forty students.

3. Clinical conference on the pathology of pregnancy, labor and the puerperium. Prerequisite: courses 1 and 2. Limited to twenty-five students.

Senior Year.

4. Practical obstetrics. Prerequisite: courses 1, 2 and 3. Limited to fifteen students.

Clinical Obstetrics.—In the maternity department of the Presbyterian Hospital, Charity Hospital, Chicago Lying-in Dispensary, Chicago Maternity, and Central Free Dispensary. Prerequisite: Courses 1 and 2. Throughout the year. Attendance upon cases of confinement in various hospitals, and at the homes of patients is require of each student before graduation. Each student will be summoned to cases at the time of delivery, and will attend the patients during and atfer delivery, under supervision. Clinical records must be kept by students and certificates obtained for attendance on five cases.

Gynecology.

Junior Year.

6. Laboratory and recitation courses. Limited to twenty-five students.

Junior and Senior Year.

7. Clincial conference. Prerequisite: course 6. Limited to forty students.

8. Dispensary clinics. Conferences in practical gynecology, limited to four in each section. Prerequisite: course 6. 24 hours. 4M. Each term throughout the year.

Senior Year.

9. College cilnics. In gynecology and obstetrics.

Prerequisite: course 6. 48 hours. 4mj. Each quarter throughout the year.

10. Special laboratory work. For a limited number of students selected by the department staff.

Our teaching methods have been gradually changing in the last ten years. Systematic lectures have been entirely or almost entirely abolished and we have endeavored to instruct our students in small classes. Twenty-two majors of work are required in the junior and senior years, three being necessary in obstetrics and gynecology (at least two majors in obstetrics are required). Most students voluntarily take more than the requisite three majors.

The faculty feels strongly that there should be an extra fifth year in which more clinical instruction could be given. However, as all our graduates are able to obtain interneships, we feel that we are better off than most medical schools.

The enclosed statement ot departmental work gives a detailed account of our method of instruction.

We feel that the number of obstetric cases which should be attended by students is too small. It should be at least twelve.

We intend to increase this requirement as our clinical facilities improve.

J. C. Webster.

UNIVERSITY OF PENNSYLVANIA, MEDICAL DEPARTMENT.

Course in Obstetrics.

Third Year.—Clinical lectures twice a week, 60 hours. Demonstrations of abdominal palpation, pelvimetry, etc., to individual students, each 1 hour. Attendance on a patient in the hospital under supervision and visits daily for two weeks afterward, average 24 hours. Recitations: voluntary (quiz)

Fourth Year.—One clinical lecture a week for half the year, 18 hours. Two weeks of ward class instruction for two hours a day 24 hours. Six demonstrations on the manikin to sections, 6 hours. One week's residence in the South-Eastern Dispensary for out-patient work. Number of labors attended by each student, average 7.

Recitations, voluntary (quiz).

Scope of Instruction.—The physiology

and pathology of the child bearing process, including all the complications and pathological consquences at all periods and their treatment, medical and surgical.

- B. C. Hirst.

RECOMMENDATIONS.

We recommend that the teaching of obstetrics should occupy at least two years of the Medical course and that those expecting to practice obstetrics, should be urged to avail themselves of elective opportunities.

That the number of labor cases personally attended by each under-graduate student should be at least six; under supervision and instruction.

CHARACTER OF INSTRUCTION.

We recommend all the known methods of teaching this branch of medicine, namely:

Didactic lectures,
Clinical lectures,
Clinical conferences,
Ward classes and touch courses,
Hospital and out-patient instruction,
Manikin practice in operative obstetrics,
And recitations.

Of the first three methods, we recommend especially, clinical lectures and conferences.

We recommend that ample facilities should be afforded students to make antepartum examinations, including inspection, abdominal palpation, pelvimetry, foetometry, vaginal examinations, etc.

We recommend that a two weeks' hospital residence should be required before the out-patient practice.

SCOPE OF INSTRUCTION.

It is recommended, that as obstetrics at present includes pregnancy and parturition, their complications and the complete recovery of the women after labor; that obstetric instruction should include the medical and surgical treatment of these conditions.

The tendency of obstetrics to become more surgical in practice and to require a surgical training, is evidenced by the fat that in the medical schools of Europe and in more than one-third of the first fifteen medical colleges of this country,* the chairs of obstetrics and gynecology are combined under one head.

Of these fifteen medical schools, six have combined chairs.

Signed E. B. CRAGIN,
J. C. EDGAR,
C. M. GREEN,
E. P. DAVIS,
J. W. WILLIAMS,
J. C. WEBSTER,
B. C. HIRST, Chairman

*Namely:

Columbia	Harvard
Cornell	Johns Hopkins
Jefferson	Rush
Medico-Chirurgical	Bellevue
Tulane	Western Reserve
Yale	Michigan
Long Island	University of Pennsylvania
	California

The Use of Electricity Will be Extended until it has replaced all other motive powres and becomes general for household and commercial uses. Such is the opinion of Dr. Charles P. Steinmetz, general consulting engineer of the General Electric Co., at Schenectady, N. Y. Dr. Steinmetz considers the introduction of the steam turbine to have made possible the recent extension of the use of electricity and a lower price for its production. The doctor is one of the leading physicists of the world today and was a prominent figure at the recent convention of electricians in St. Louis.

A Medical Expert's Opinion.—The Medical Fortnightly, that excellent bi-weekly magazine for the general practitioner, conducted by Dr. Hopkins, is never disappointing in its profitable and interesting contents. It is the only magazine in the central west issued oftener than monthly. Dr. Robert G. Eccles' enlightening and entertaining series of travel papers going through all issues since October, 1908, is worth the subscription price for an entire decade. The place for the Fortnightly is on every doctor's table or in his coupe.—Alienist and Neurologist, May, 1910.

Three Years of Rabies in Indiana.—J. P. Simonds of Indianapolis, Ind., says that for the past three years an epidemic of rabies has been going on in the state of Indiana which has caused the death of many animals and some thirteen persons. The State Board of Heatlh has examined the heads of 157 animals, of which 60 per cent were found to contain Negri bodies. The largest number of positive brains were received in 1908, 1909, showing some diminution of the epidemic. At least 128 human beings have been bitten by rabid animals, many of them have taken the Pasteur treatment. The author advocates a compulsory muzzling of dogs that shall be widespread and well enforced, as a means of putting an end to the epidemic.—Medical Record.

SOCIETY PROCEEDINGS

AMERICAN PROCTOLOGIC SOCIETY.

Twelfth Annual Meeting, held at St. Louis, Mo., June 6 and 7, 1910.

The president, Dr. Dwight H. Murray of Syracuse, N. Y., in the chair.

President's Address, "Undergraduate Proctology."—(By Dwight H. Murray, M. D., of Syracuse, N. Y.).—After thanking the society for the honor conferred upon him in making him president, he made some recommendations as to its future before taking up the formal subject of his address.

He considered that the American Proctologic Society stood for a high class of scientific work and the best that there is in proctology. He believed that it would be for the best interests of the society that the programs of future meetings should be made up of a symposium, or possibly two, with essays that shall treat thoroughly some selected subject or subjects, and that these papers should be written by men whose part in the symposium should be assigned to them by the executive committee. He suggested that the program should not be too crowded and that sufficient time should be given for a full discussion of every paper an subject presented.

He believed that a volume or year-book of the American Proctologic Society containing a symposium with additional papers of merit such as would be presented by experts in proctology, could be made of great value to the profession an would be sought after by general practitioners. He believed that it was of the utmost importance to the society that the transaction be published yearly as it would be a decided step backward to omit the publication no matter what its cost might be.

A recommendation was also made regarding the limitations of the field of the proctologist. He believed it to be true that the ethical practice of proctology was too narrow a field in which the specialist could gain a competence. He, therefore, recommended that this society take up the question of the limit of proctology as a specialty and that it be changed to include diseases of the small intestines, in other words, that proctologists become procto-enterologists in this way every member of the specialty would be doing uniform work.

He then proceeded to take up the main subject of his address "Undergraduate Proctology." He believed that the specialty was rapidly assuming the importance which is its due, in spite of the opposition it has experienced from the general surgeons who have seemed to look upon it as an unwelcome invasion of their field.

He considered that one of the most important duties of the Proctologic Society was an educational one. He hoped that with the increasing appreciation and demand for this kind of special work, that the colleges would take up the subject in a manner which its importance demands, and that if the medical colleges did not educate the profession in this branch of medicine, the members of the Proctologic Society must do it. He put forth the claim that the field of medicine and surgery is too large to admit of any man becoming an expert in all branches. This is an age of specialties and the very limitations of a specialist make an expert of him.

He believed that proctologic teaching in colleges should be done by men learned in the specialty and not by general surgeons who only teach in a desolutory manner, so that when the students are graduated they go forth to the practice of their profession in fully 75 per cent of the cases with little or no knowledge of this line of work.

He then proceeded to prove this point by a statistical report showing the answers to questions which he propounded in a communication to fifty of the most prominent colleges in the United States and Canada. The answers to those questions show conclusively that a very large percentage of the college faculties believe that proctology is of minor importance and that it is not necessary to give the student any special training in the subject.

In order to prove his point he found it necessary to communicate with a large number of physicians including specialists in various branches and men who had graduated during the years from 1873 to 1905. He sent communications to these men asking them to answer certain questions which would show whether they believed they would have been better prepared for their practice and have been better able to treat their patients, if they had been given instructions in this line of work. Ninety per cent of the physicians answered the questions in the affirmative, which he believed told the story from the standpoint of the physician. This gave him good comparison from the standpoint of the college faculty on one hand who feel that they know the subjects in which the student should be trained at the beginning of his life work, and from the standpoint of the physician on the other hand, who is in the midst of his life work. These answers show

that physicians believe that colleges should devote less time to major things in specialties and surgery, and instead give their students more definite and practical instruction in proctology.

Dr. Murray then presented the questions and answers from the college faculties and physicians in tabulated form. He did not claim that the work of the eye, ear, nose and throat or of any of the specialties was unimportant, but he did maintain that the time given to these specialties should be shared in a proper way with proctology, which would not detract from the importance of the older specialty but would recognize the importance of proctology. At the same time this would put the young graduate in possession of knowledge that would not only be of great value to him, but of far greater value to his patients. There are certain common and important diseases in every specialty that the young physician is sure to meet and ought to be able to recognize.

He believed it to be the duty of the American Proctologic Society to foster a sentiment in the profession and among college authorities favorable to the special teaching of proctology either separately or as a branch of general surgery. He did not deem it necesasry that a special chair of proctology should be created, but that a course in proctology should be provided for under the chair of general surgery.

Dr. Murray believed that it would be wise for the American Proctologic Society to offer a prize of a substantial sum of money for the best original graduating thesis on a proctologic subject. The competition to be open to graduating classes of any college in the United States and Canada.

In conclusion the doctor believed that the profession should offer more encouragement to specialties in all branches, especially to those who are willing to devote their time to a branch which has for some reason been neglected, as proctology has been. Then it would be practically impossible for quacks and healers of various sects and isms to take advantage of our professional neglect, and use it as their opportunity to play upon the credulity and gullibility of human nature.

(To be continued)

Girls with chlorosis have mostly deficient development of the genital organs.

Pain in the liver from congestion may accompany long-standing asthma. It is relieved by venesection, milk diet, and perfect rest.

WHAT THE MEDICAL EDITORS ARE SAYING

(Culled from the editoral pages of our exchanges.)

The Unreasonableness of Polypharmacy.—At an epoch when there is never enough money to perfect the weapons of destruction, it is not malapropos to improve the means of conservation. Our ambition is to prevent and to fight disease, and certainly it is disinterested.

Pathology cannot be separated from therapeutics, the one confirming the other, for the diagnosis is completed by the remedies. In a case of facial paralysis with neuralgia of the scalp, the seventh and the auriculotemporal branch of the fifth being affected, strychnine and hyoscaymine has been given internally, morphine and hyoscyamine subcutaneously, also quinine hydroferrocyanide, but without success. The cause being rheumatic, antimony arsenate was given and the relief was prompt.

A success and failure were registered in a case of spinal sclerosis, in the cephalic and lumbar bulbs. The patient was alcoholic and had amblyopia as well as paraplegia. Phosphoric acid and strychnine were given, the amblyopia gave way, but the paralysis remained, probably because the sclerosis was worse in the lumbar bulb.

The homeopathist sees only the symptom, with no connection with the affected organ, the cause of the malady or the nature of the lesion. With him post hoc is propter hoc. Taken altogether, homeopathy is do-nothing, as with the expectants."

Amidee Latour said: Medicine has actually strayed from its natural path; it has lost from view its noble object, that of solacing or curing. Therapeutics has rested on this. Without therapeutics the physician is only a useless naturalist, passing his life in classifying and depicting the maladies of man. It is therapeutics that elevates and ennobles our art; by it alone this art may become a science."

Another author says: Physicians, nosographs, anatomists, expectants, occupying themselves not at all in treating the disease, have come to study, each from different points of view, the phenomena of the human body, as they study geologic and astronomic phenomena, with curosity and indifference. They are not physicians but naturalists." (Gallavardin).

Expectancy was largely a result of polypharmacy.

Bichat said: Materia medica is perhaps of all the physiologic sciences that which best depicts the caprices of the human

mind. What do I say? It is not a science, it is an unformed collection of inexact ideas, observations often puerile, formulas as bizarrely conceived as laboriously assembled."

Forger said: In associating a crowd of substances the practician hopes that one among them at least may fulfil the need, like the discharge of a mitrailleuse, of which some balls may chance to hit an enemy. But what if they hit the patient?"

It is no wonder many physicians refuse to prescribe. Hufeland stated that he had long since become convinced that of all patients who recovered, the largest number did so without the aid of medicine, a very small number through that aid. This is the negation of the art." However great our confidence in the medicatric force of nature, we dare not abandon to her one who has a pernicious fever or any diathesis whatsoever. Besides, in furnishing us antimiasmatics and antidyscrasics, does not nature indicate the uses she expects us to make of them? Skepticism is not in the nature of man.

St. Augustine said: "Credo quia absurdum." Belief is a necessity; to know why is the work of superior spirits. Philosophic doubt is legitimate; and the wise say, When in doubt, refrain. To deny a fact one must demonstrate its falsity; but who dares say that medicaments have no value? Who dares say quinine does not cure intermittents, or mercury syphilis? Who can say that Art and Science have nothing in reserve? Consult the history of therapeutics and you will find that every time a new remedy has been introduced it has met a lively opposition. Empiricism and tradition fight against all progress.

Bichat conceived the idea of reforming the materia medica by studying the action of drugs, not upon diseases but upon the tissues. Unhappily the creator of general anatomy did not permit him to accomplish this work. More fortunate, Claude Bernard came at the opportune moment, when chemistry had put the alkaloids at his disposal.—Am. Jour. of Clinical Med., July, 1910.

Candor with Tuberculosis Patients.—The great strides in prophylactic medicine that have been made during the last fifty years have been brought about largely in two ways; primarily by the enormous amount of research that has revealed many of the etiological factors of disease, and secondarily, by measures tending to educate the public both in avoiding exposure and in combating diseased processes.

The old era of medical omnipotence when the doctor entered the sick room as Lord, King, and master, only too often, unfortunately, masking his ignorance by an impenetrable atmosphere of mystery, is a thing of the past, and now we are living in an age when the laity not only desires knowledge but demands it. Granting this, are we as physicians justified in masking our diagnosis of incipient tuberculosis? Most emphatically no! There is not one of us but who in his practice has on numerous occasions had the unpleasant duty of telling some poor unfortunate that he or she was the victim of tuberculosis. It would be well, if in reviewing this group of cases, we recalled to our minds whether or not we have always been frank with our patients. How many times have we in an effort to spare the feelings of our patient, said, that he had a chronic bronchitis, or was suffering from slight lung trouble. It is more than regrettable that this is only too often the case.

Were anything to be gained by this very non-humanitarian procedure, perhaps it might sometimes be excused, but since it is a method only conducive to harm and destruction it cannot be too vehemently deprecated. Were tuberculosis like inoperable carcinoma, an absolutely hopeless condition, then we would be justified in concealing our diagnosis, but it is curable and the best way to cure it is to have the patient's assistance. This is never possible when he does not realize the condition from which he is suffering. Ignorance alone is responsible for the terrible dread that most people have of consumption. Their knowledge of the numerous cases that succumb terrifies them, and it is ostensibly our fault as their medical advisers. No effort should be spared in impressing upon the minds of our patients that whereas two-thirds of all persons have, some time in their lives tubercular infections, as shown by autopsy records in those countries where all people are autopsied, only one-seventh of all deaths are due to the white plague.

Furthermore our duty to our patient is not the only stern reason why we should be candid in our attitude toward him. We have the welfare of his children, wife, sisters, and brothers, to take into consideration, and their neglect puts us in the actual classification of the criminal. How often in a home, where tuberculosis has been lurking for months, do we see a poor unfortunate child apparently in the best of health succumb to a terminal meninigtis, when the body is fairly riddled with tuber

cles, and it is always the same old story. The father or mother, or uncle or aunt, has a chronic cough which the doctor has said was not tuberculosis.

Be honest with your patient! If he is tubercular pronounce him tubercular and show him how he can be cured, and how he can spare others. We speak of educating the public. Unfortunately, it is our own education that is too often lacking. What we call tact and discretion in sparing the tubercular patient's feelings, are in fact injustice and crime, and the sooner we adopt absolute candor in dealing with our cases, so much sooner will the ravages of tuberculosis diminish.—Calif. State Med. Jour., July, 1910.

Prof. Herter and the Sodium Benzoate Question.—Dr. Christian A. Herter is Professor of Pharmacology in Columbia University, consulting physician to the City Hospital, etc. His work has generally been considered solid and substantial and his words carry weight. We have received a pamphlet from him with the title: "The Action of Sodium Benzoate and Benzoic Acid on the Human Organism," and on the title page of the pamphlet appears the following astounding statement signed by Prof. Herter.: "This paper was offered to the Journal of the American Medical Association for publication, but was refused by the editor, partly on account of its length, partly because the Journal did not care to open its pages to 'anything more of a controversial nature regarding the benzoate question,' partly because the criticisms of Bulletin No. 84, contained in this paper, were regarded as impolitic as coming from the Journal. Deeming it important to a correct understanding of the benzoate question that physicians should be acquainted with the facts given in my paper, I have decided to privately print it and distribute it among members of the medical professsion." This is certainly an astounding statement and is indicative of a deplorable state of affairs. Of the three reasons given by the editor for his refusal to publish the paper, none, we regret to say, will hold water. The first reason is the length. This is a poor reason, for the paper is not long at all, and much longer papers have appeared in the Journal. The second reason is much worse. Did not care to open its pages to anything more of a controversial nature regarding the benzoate question." "Did not care!" But why not? If the Journal gave place to such a faulty, baised and unscientific paper as that of Lucas (J.A.M.A., March 5th), why not give space to a reply to it by such a man as Herter? The third reason is just as bad, if not worse. Criticism of Bulletin No. 84 fathered by Wiley was regarded as impolitic as coming from the Journal of the American Medical Association. Could there be a more damnable admission? What has a scientific journal, which the J.A.M.A. is supposed to be, to do with policy or politics? Is not the Journal supposed to be published for the sole purpose of disseminating the truth? And assuming for argument's sake, that Bulletin No. 84 was full of falsehoods or inaccuracies, should not Prof. Herter be given space in the Journal, to show them up—regardless of consequences, regardless of policy? Is policy dearer than truth? It is certainly a sad state of affairs. But be this as it may, let the numerous little fellows who had their manuscripts returned by the Journal of the American Medical Association be consoled: If a man of Prof. Herter's standing cannot get a paper published in the J. A.M.A., when it happens to contain unpleasant opinons or truths, then they, the little fellows, need not kick.—Critic and Guide, July, 1910.

Italian Doctors of New Jersey to Organize.—A meeting of prominent Italian physicians from several counties in New Jersey was held in Hoboken recently for the purpose of discussing the organization of the Italian Medical Society of New Jersey. Dr. T. R. Paganelli, of Hoboken, was elected chairman, Dr. Cammorata, of Jersey City, secretary, and Dr. Pezzi, treasurer.

Sunlight and Cancer.—Artificial light, according to reports, is to find a powerful rival in sunlight for coming sanitoria. Preparing for an operation for cancer on the external ear, Dr. Horschberg, a Frankfort surgeon, visited Caux les Territer, on Lake Geneva, where he was exposed to the sun's rays for many hours a day, and the effect was so unexpected and surprising that he extended his stay to several weeks, when his ear became completely healed without the operation. Other cases—including throat treatment by passing sunlight through the open mouth—have given similar remarkable results. It is explained that cells of cancer and other diseased tissues, be ing unable to protect themselves by absorbing coloring matter from the blood and becoming pigmented, are killed by the sunlight; and that mountain resorts are especially favorable because the intensity of the light is greater, there is less vapor, and the air is free from germs.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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FAVORITE PRESCRIPTIONS

For Irritable Sexual Impotence.—Give strontium bromide 10 grs. three times a day, and in severe cases an additional dose of 20 grs. at night. Also the following capsules:

Ergotin.....2 grs.
Hydrastine hydrochlor.....¼ gr.
Lupulin.....2 grs.
Camphor monobromide.....1 gr.

S.: One capsule three times a day. Avoid strychnine.—Therapeutic Med.

Methylene Blue Paste.—This paste, according to the Deutsche med. Woch., is prepared according to the following formula:

Coerulei methylenis.....2 gm.
Aqua dest.....15 cc.
Lanum, anhydr.....30 gm.
Zinci oxidi.....
Bismuthi subnitratis.....
Petrolati.....aa 12 gm.

It is recommended for inflammation of the sebaceous glands of the hair follicles, in sycosis, and similar affections.—St. Louis Med. Rev.

Mumps.—Rub in unguentum Crede or the following ointment:

Guaiacol.....30 min.
Ung. hydrargyri.....1 dram
Ung. belladonnae.....5 drams

The effect is enhanced if this application is covered with a hot water bag or hot clay paste.—Ex.

Intestinal Indigestion in Children.—When constipation is marked, Dr. Kirby recommends rhubarb and soda of the following strength:

℞ Pulv. rhei.....gr. iv
Sod. bicarb.....gr. viij
Syr. rhei aromat.....3ss
Aqua.....ad 3iv

M. Ft. Sig.: one teaspoonful once or twice daily.

Or, if the child can take a capsule, the following for a child from five to eight years of age:

℞ Tct. belladonna.....gtt. ij
Tct. nucis vomicae.....gtt. iv
Ext. cascara sagrada.....gr. j-iij
Sod. bicarb.....gr. iij

M. Ft. capsule No. j.

Sig.: To be taken at bedtime.

The medication may be continued for three or four weeks, after which time one dram of syrup of hypophosphites may be given three times a day. This may be alternated with:

℞ Ferri et ammonii citratis..gr. xxiv
Elix. simp.....3j
Aqua.....ad 3iv

Sig.: One teaspoonful three times daily, after meals.—Med. Standard.

Pile Ointment.—

Salolis.....
Antipyrini.....aa grn. xxx
Ext. belladonnae.....grn. iss
Petrolati.....3iv
Cerae flavae.....q. s.

Sig.: A piece the size of a nut to be introduced three times daily.

For external piles:

Chrysarobini.....grn. xxiv
Iodoformi.....grn. ix
Ext. belladonnae.....grn. xviii
Petrolati.....3xii

Before applying wash the parts with a 2 per cent carbolic acid solution.—Med. Council.

The presence of papulo-squamous tuberculides may be the only means of recognition of tuberculosis in infancy.

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There is no possibility of poisonous effect through the absorption of Listerine.

Listerine Dermatic Soap is a bland, unirritating and remarkably efficient soap. The important function which the skin performs in the maintenance of the personal health may easily be impaired by the use of an impure soap, or by one containing insoluble matter which tends to close the pores of the skin, and thus defeats the object of the emunctories; indeed, skin diseases may be induced, and existing disease greatly aggravated by the use of an impure or irritating soap. When it is to be used in cleansing a cutaneous surface affected by disease, it is doubly important that a pure soap be selected, hence Listerine Dermatic Soap will prove an effective adjuvant in the general treatment prescribed for the relief of various cutaneous diseases.

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MEDICAL MISCELLANY.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

Preparations are all complete for the twenty-third annual meeting of this society, which will be held in Council Bluffs, on Thursday and Friday, September 1 and 2, under the presidency of Dr. A. B. Somers, of Omaha. The date has been chosen wisely, for the weather is likely to be fine at this season, and not too warm; the medical colleges have not as yet opened for the fall semester, and therefore those who are engaged in teaching are afforded the opportunity of attending without interfering with their duties. The program which is now in press gives promise of good things which will be of interest to the general practitioner, as well as to those engaged in special lines.

The oration in Surgery will be given by Dr. George Gellhorn, of St. Louis, and will be illustrated by lantern slides.

The oration in Medicine will be delivered by Dr. Geo. Howard Hoxie, dean of the Medical Department of the University of Kansas, his subject being "Arthritis."

Dr. Herman E. Pearse, president of the Missouri State Medical Association, will present "Two Unusual Cases of Ovarian Abscess, complicated by Pyosalpinx and Sinus of the Urinary Bladder."

The preliminary program follows:

"Duodenal Ulcer," Dr. J. M. Bell.

"Treatment of Tonsillitis and Prevention of Quinsy," Dr. G. F. Bartholomew.

"Brain Tumor of the Temporo-Sphenoidal Lobe; demonstration of Brain and Slides," Dr. G. Alexander Young.

"The Tubercular Factor in Phlyctenular Keratitis," Dr. Jas. M. Patton.

"Prognosis in Heart Disease," Dr. J. Herbert Darey.

"The Feeding of Infants," Dr. B. M. Christie.

"The Making of Medical Quacks," Dr. L. A. Merriam.

"Demonstration of the Germ of Sporo-Trichosis," Dr. Harold Gifford.

"Convergence Insufficiency: Its Importance to the General Practitioner, and its Successful Modern Treatment," Dr. John M. Banister.

"Plaster of Paris as a Universal Dressing of the Lower Extremity," by Dr. Winnett Orr.

"Uterine Fibroids, complicating Pregnancy, Labor and the Puerperium," Dr. Mary Strong.

"Tendectomy for Hetrophoria and Strabismus," Dr. Flavel B. Tiffany.

"Technique of Operation for Repair of Ruptured Ligaments Patellae and Quadriceps Extensor Tendons," Dr. Jno. E. Summers.

"Sexual Neurosis," Dr. Jno. D. Seba.

The arrangements are in the hands of a committee composed of Dr. Jno. F. Sprink, chairman, Drs. H. B. Jennings, J. H. Cole and F. Earl Bellinger. After the addresses on Thursday evening, the members will be entertained at a smoker given at the Grand Hotel. The meetings will be held in the spacious auditorium of the Public Library; headquarters, Grand Hotel; reservation of rooms should be made in advance.

A cordial invitation is extended to the profession.

CHAS. WOOD FASSETT, Secretary.

The Barnes University.—The Barnes University of St. Louis is now offering a course for medical students that should particularly appeal to those who desire to become practical physicians. The institution is now entering an era of acknowledged prosperity. The element-

ary studies of the first two years, comprising what are known as the laboratory branches, to wit, anatomy, histology, embryology, physiology, physiological chemistry, inorganic and organic chemistry, bacteriology, pathological anatomy and pathological histology, surgical pathology and clinical pathology, will be given by experienced teachers, each of whom will endeavor at all times to emphasize the direct and close relationship of laboratory science to clinical medicine. It is not the aim or desire of this institution to graduate research workers. That phase of medical education which tends to make practical, up-to-date and scientific physicians will be followed strictly throughout the course at the Barnes University. The teachers in the elementary branches are all men who besides their laboratory training know clinical medicine and the difficulties and pitfalls in clinical diagnosis. Such teachers are unquestionably better qualified to teach medical students medicine than are the so-called non-medical laboratory teachers or even those who possess a medical degree and know nothing of clinical medicine. The aim of the trustees of this institution has been to employ only teachers in laboratory subjects who can point out the importance of this or that matter as it arises in the elementary branches in relationship to the superstructure of medicine itself. The thought has ever been before the governing body of this institution to make good and useful doctors of medicine of every student from the time he enters the school, not waiting until he has completed two years of so-called "ultra-scientific" laboratory work taught by men whose thoughts soar far above the practical demands of practising physicians as is the case in many of the so-called "better schools" of medicine in this country. The limitations of the four-year course of study make it obligatory on all schools that have in mind the training of practical physicians the immediate need of teaching medicine to the young students once they have crossed the threshold; in other words to incorporate medicine into every step and procedure in the curriculum. The Barnes University has also considerably strengthened its faculty by adding to it a number of excellent teachers of the clinical branches, medicine and surgery particularly. These teachers are thoroughly imbued with the need of developing practical men for practical work. Ample clinical facilities are at hand for such teaching. Besides the large out-clinic of the Barnes University the institution also boasts of a hospital of some ninety beds' capacity in direct physical connection with the medical school building where opportunity is given for bed side instruction to groups of students. This hospital also houses material used for obstetrical teaching so that every student in the senior class has the magnificent opportunity of witnessing at least five obstetrical cases during his course. Clinical facilities of peculiar significance and importance for practically-taught students are also offered by Barnes University in the shape of opportunity to observe cases of infectious diseases, especially the acute exanthemata, at the Ellen Osborn Hospital —the only private hospital in St. Louis which receives contagious diseases. Barnes University recognizes all scientific advances that arise from time to time. It has therefore been deemed advisable that a full and comprehensive course be given on immunity, the "vaccine" treatment, acne, septicemia, etc., the Wassermann and Noguchi reactions for syphilis. Steps are now being taken to organize a department for the administration of the Pasteur treatment for rabies at this institution. All in all, Barnes University feels that it is well prepared to give students who enter its portals a full and complete course in medicine. The faculty feels that it is competent to teach and that the facilities are there for much teaching. The faculty is enthusiastic and determined to do its work in such a manner that it will have cause for naught else but pride in its end product—the full-fledged doctor of medicine graduated at the end of the designated time, four years.